KELLAHIN & KELLAHIN Attorney at Law

W. THOMAS KELLAHIN 706 GONZALES ROAD SANTA FE, NEW MEXICO 87501

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Before the Oil Conservation Division

January 26, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO OIL CONSERVATION DIVISION CASE:

Hearing March 4. Range Operating, RE: Application of Range Operating New Mexico, Inc. for Surface commingling, common tank battery and off lease Storage and measurement SCB 3B Battery Sales Point within Parts of Sections 13, 14, 23, and 24 T23S, R28E, Eddy County, New Mexico

Dear Interest Owner:

In accordance with a request by Range Operating New Mexico, Inc., I am assisting with their efforts to obtain approval from the New Mexico Oil Conversation Division ("Division") for referenced case as set forth on the enclosed application. As part of that approval process, I am required to send this notice to all interest owners and offsetting operators. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date. This referenced application will be heard by a Division Examiner on a docket scheduled to start at 8:15 am on March 4, 2010. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87502 (phone 505-472-3458).

As an interest owner who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are required to file a Pre-Hearing Statement with the Division not later than 5:00 PM on Thursday, February 25, 2010, with a copy delivered to the undersigned. This statement must include: the names of the parties and attorneys; a concise statement of your position in this case; the names of all witnesses you will call to testify at the hearing, the approximate time you will need to present your case and identification of any procedural matters that area to be resolve prior to the hearing. If you have any questions please call Robert Ebeier, Range Operating New Mexico, Inc. (817) 810-1987

homas Kellahin

SCB 3B PROJECT AREA INTEREST OWNERS

Chesapeake Exploration LP P. O. Box 960161 Oklahoma City, OK 73195-0161

Lucille Paape Spec Acct Per 3/23/06 Ltr Agmt: 14911 Wunderlich Drive #1807 Houston, TX. 77069

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Presley Hudson Guitar P. O. Box 5383 Abilene, TX 79608-5383

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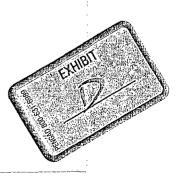
Mary Guitar Polk Estate James Polk Trustee/Executor P. O. Box 7366 Abilene, TX: 79608-7366

Guy Witherspoon III P. O. Box 100403 Ft. Worth, TX, 76185

Ruth G. Murchison Trust Ruth G. Murchison, Trustee P. O. Box 712 Red Bluff, CA 96080-0712

Kelly Wood Leach 312 Great View Circle Birmingham, AL 35226-2320

Wende Witherspoon Morgan 1720 Southwicke Flower Mound, TX 75022



Apt B.SW Albuquerque, NM 87121

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Kathleen Trachta 8919 Mount Bartlett Dr. Austin, TX 78759-7152

Teledyne Industries; Inc. Teledyne Minerals Division P. O. Box 840738 Dallas, TX. 75284-0738

Gregory S. Trachta Rite Schindler-Trachta 5721 Misty Hill Gove Austin, TX 7859

Kathryn Louise Jeffery 1980 Hayden St. Camarillo, CA 93010

Carolyn Shields Morgan (F/K/A Carolyn G. Trachta) 9517 Bent Road Northeast Albuquerque, NM 87109-6393

Geroal Michael Prichard 346 Avenida Nogales San Jose, CA 95123

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Charles Randall Hicks 4836 Vista Del Oso Court N.E. Albuquerque, NM 87109-2558

Charmer LLC 4815 Vista Del Oso Court, N.E. Albuquerque, NM 87109-2558

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Occidental P. O. Box 100725 Atlanta, GA 30384

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Marian Tracy Lelevier Deborah K. Basabe Temporary Conservator 143 Prospect Street Chula Vista, CA 91911

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Merland, Inc. Clairborne M. Power President PO Box 548 Carlsbad, NM 88221-0548

Minerals Management Service Mineral Revenue Management PO Box 5810 Denver, CO 80217-5810

Mittie Beth Hayes 116 West Peach Lane Carlsbad, NM 88220

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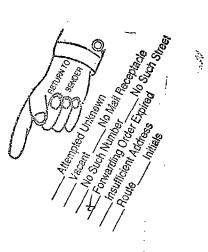
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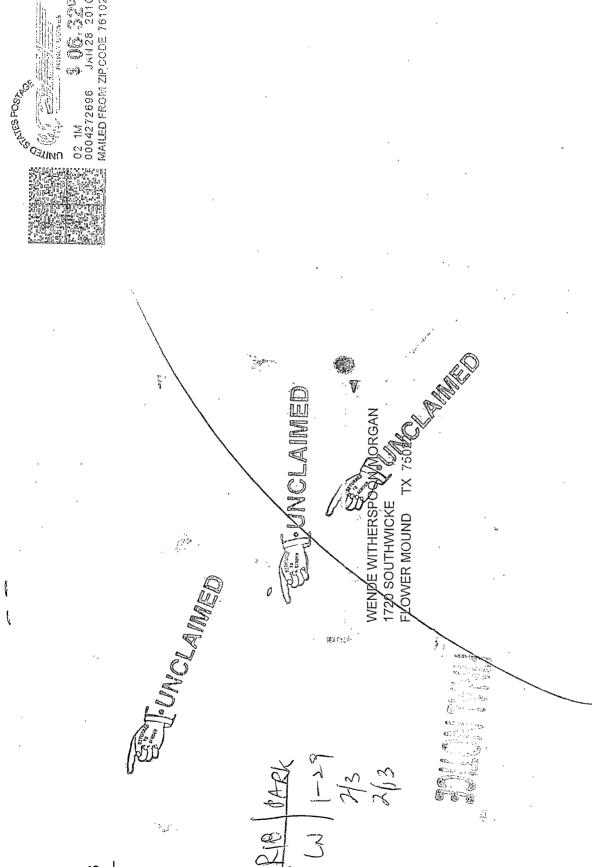
C/O BEVERLY COFFMAN 274 E GALVESTON ST GILBERT, AZ 852954991 BX4 LLC

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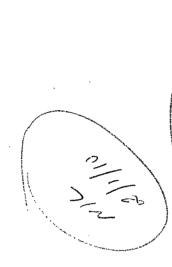
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CORINA C URQUIDEZ TRUSTEE URQUIDEZ FAMILY LIVING TRUST 6204 N 88TH LN GLENDALE, AZ 853052415



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Cell Refunction of the Postage	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature A Signature	b. Received by (Printed Name) C. Date the mailpiece,	In the state of th	CORINA C URQUIDEZ TRUSTEE URQUIDEZ FAMILY LIVING TRUST 6204 N 88TH LN	E, AZ 853052415 Certified Mail Express Mail Merchandise	4. Restricted Delivery? (Extra Fee)	nber 7007 2640 0001 7157 7888	11, February 2004 Domestic Return Receipt 102595-02-M-1540		
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	x Etalia Cunning Agent
 ☑ Print your name and address on the reverse so that we can return the card to you. ☒ Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature Agent
Frint your name and address on the reverse so that we can return the card to you.	Addressee_
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
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SPEC ACCT PER 3/23/06 LTR AGMT 14911 WUNDERLICH DRIVE #1807	
HOUSTON, TX 770690000	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mall ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service labs) 7007 1490 0	1001 5829 1716
SENDER: COMPLETE THIS SECTION © Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) 2. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
1ATTHEW-KANTOR TRUST T/A DTD 4/24/02	2500
LIAM KANTOR TRUSTEE ST JAMES DR	29 200) 6
10, TX 750240000	3. Service Type Certified Mail Registered Gradum Receipt for Merchandle
	☐ Insured Mall ☐ C.O.D 4. Restricted Delivery? (Extra Fee) ☐ Yes:
mber 7007 14	1.
1.00	eturn Receipt 102595-0
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
© Complete items 1, 2, and 3. Also complete	A. Signature
☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signsture A. Signsture A. Signsture A. Signsture Addressee
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A. Signature A. Signature A. Signature A. Signature A signature Addressee B. Received by (Printed Name) C. Date df Delivery D. Is delivery address different from item 1? Yes
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ANDREW KANTOR TRUST	A. Signature X
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ANDREW KANTOR TRUST 1/17/A DTD 4/24/02	A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (<i>Printed Name</i>) D. Is delivery address different from item 1? If YES, enter delivery address below: No
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. And Addressed to: ANDREW KANTOR TRUST U/T/A DTD 4/24/02 WILLIAM KANTOR TRUSTEE 4524 ST JAMES DR	A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 17 Yes If YES, enter delivery address below 3. Service Type
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ANDREW KANTOR TRUST 1/17/A DTD 4/24/02	A. Signature X. A. Signature B. Received by (Printed Name) C. Date of Delivery I. V. D. Is delivery address different from Item 17 Yes If YES, enter delivery address below: 5 No 3. Service Type Certified Mall Express Mall Color Registered Return-Receipt for Merchandise
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: ANDREW KANTOR TRUST U/T/A DTD 4/24/02 WILLIAM KANTOR TRUSTEE 4524 ST JAMES DR	A. Signature X

© Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	/ D Agent
Print your name and address on the reverse so that we can return the card to you.	X Emmo Carcobo Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery EMMA (ASC) 2/8/10
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
CANDELARIO CARRASCO JR	
AND EMMA CARRASCO	
LOVING, NM 882560000	3. Service Type Certified Mail Express Mail
;	☐ Registered ☐ Return Receipt for Merchandis. ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 2250	
(Transfer from service label). TUUT CESU PS Form 3811, February 2004 Domestic Ret	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
☐ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery Is desired. Print your name and address on the reverse	XCharly Manthy / Agent DAddressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? 49/10
Article Addressed to:	If YES, enter delivery address below:
ROBERT H NORTHINGTON 1370 SAGEBROOK DRIVE	
FAIRVIEW, TX 750691252	
	3. Service Type ☐ Certified Mall ☐ Express Mall
1	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Canster from service lebel) 7009 2251	
(Transfer from service label) 1007 EE51 PS Form 3811, February 2004 Domestic Ret	
© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) G Date of Delivery
Article Addressed to:	[
remote Muuteaaeu (0)	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
Annote Windiespen (0):	
BOGLE OIL INC	
BOGLE OIL INC PO BOX 460	
BOGLE OIL INC	If YES, enter delivery address below: ☐ No 3. Service Type
BOGLE OIL INC PO BOX 460	If YES, enter delivery address below:
BOGLE OIL INC PO BOX 460	S. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7007 225	S. Service Type Express Mall Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee) Yes Perceipt
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225	If YES, enter delivery address below:
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7007 225	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes Perceipt
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER CONTRESTSTATIS SECTION Complete items 1, 2, and 3. Also complete	S. Service Type Express Mall Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes Yes Topics of the property T
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7007 225 PS Form 3811, February 2004 Domestic Ret 3ENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret Demonstrate items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE: 1115 SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPARIE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RICHARD AND DEA HOLESAPPLE.	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RICHARD AND DEA HOLESAPPLE.	S. Service Type Express Mall Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RICHARD AND DEA HOLESAPPLE.	S. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RICHARD AND DEA HOLESAPPLE.	Service Type
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RICHARD AND DEA HOLESAPPLE.	S. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D.
BOGLE OIL INC PO BOX 460 DEXTER, NM 882300000 2. Article Number (Transfer from service label). 7009 225 PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RICHARD AND DEA HOLESAPPLE PO BOX 1250 CARMICHAEL, CA 956090000	S. Service Type Express Mail Express Mail Registered Return Receipt for Merchandise C.O.D.

(Transfer from service label)

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item 4 if Restricted Delivery is desired. Figure Print your name and address on the reverse	X Admin D Address	
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delin 2-1-10	ivery
1. Article Addressed to:	D. Is delivery address different from item 1?	
ADAM ERIC FRUTMAN 32 FAIRVIEW DR		
SOUTHBORO, MA 17720000	3. Service Type	
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchand	eziba
	☐ Insured Mail ☐ C.O.D.	
2. Article Number	4. Restricted Delivery? (Extra Fee)	
(Transfer from service label) 7007 1470	0001 5829 1730	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-	1540
SENDER COMPLETE THIS SECTION	GOMPLETETHIS SECTION ON DELIVERY	
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Print your name and address on the reverse	Addres State Addres	ssee
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Article Addressed to:	D. Is delivery address different romale of to Yes If YES, enter delivery address below:	
	75025, 75000 NOON NOON NOON NOON NOON NOON NOON	
BENJAMIN A KANTOR TRUST U/T/A DTD 4/24/02	(<u>\$</u> (<u>\$</u>	
WILLIAM KANOR TRUSTEE	I3. Service Type	=
4524 ST JAMES DR PLANO, TX-750240000	☐ Certified Mail ☐ Express Mail	
	☐ Registered ☐ Return Receipt for Merchand ☐ C.O.D.	dise
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7007 1490	0001 5829 1754	
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1	1540
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY. A. Signature A. Signature	
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514	A Signature X	very
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000	A Signature X	very
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature X. Mar. Agent Address B. Received by (Printed Name) C. Date of Deliv May V. V Hou Z-/-(D D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Maii Express Mall Registered Return Receipt for Merchand Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes DDD 1 71.57 7725 The Receipt 102595-02-M-1	very
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return 1, 2, and 3. Also complete	A Signature X Mark Agent Address B. Received by (Printed Name) C. Date of Deliv May V V How C. Date of Deliv D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No 3. Service Type Express Mall Registered Return Receipt for Merchand Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes DDDD 7157 7925 TITT Receipt 102595-02-M-1	very
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Returning and S. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature X	very
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Returns 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. ARRIN M MARGULIES TRUST ORIA G MARGULIES AS TRUSTEE	A Signature X	very
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (fransfer from service label) PS Form 3811, February 2004 Domestic Return 1 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. ARRIN M MARGULIES TRUST ORIA 6 MARGULIES AS TRUSTEE ATED 10/15/86	A Signature X	very
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Returning and S. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature X	very
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. ARRIN M MARGULIES TRUST CORIA G MARGULIES AS TRUSTEE ATED 10/15/86 02 MURIETTA AVENUE	A Signature X	very
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: EL ROJO LLC C/O MARK V PACE ADMIN MEMBER PO BOX 514 CHANDLER, AZ 852440000 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. ARRIN M MARGULIES TRUST ACRIA G MARGULIES AS TRUSTEE ATED 10/15/86 202 MURIETTA AVENUE	A Signature X	very

2. Article Numb

(Transfer fron 7009 2250 0002 3775 8146

☐ Print your name and address on the reverse	Agent Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Phinted Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
JOHN E CLEM 1285 DANIEL RD WEATHERFORD, TX 760875540	
	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandis □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7009 225	0 0002 3775 8160
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-15
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: EMIL BERGER 12211 IDAHO AVENUE #104	A. Signature A. Signature D. S. B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
LOS ANGELES, CA 900253681	3. Service Type Certified Mail
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© Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X () Agent AMMAN Addressee
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Attach this card to the back of the mailpiece, or on the front if space permits.	Nister FUMBUR 2/2/10
Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: LI No
CONCEPCION ONSUREZ	
P.O. BOX 393	
LOVING, NM 882560000	
:	3. Service Type
:	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
•	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	
(Transfer from service label) 7009 225	3775 823
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so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Melinda Thompson 2-2-10
Article Addressed to:	D. Is delivery address different from Item 1? Yes
	If YES, enter delivery address below: No
MELINDA THOMPSON	
9131 GARRISON ST.	11
WESTMINSTER, CO 800210000	
;	3. Service Type
. 1	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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☐ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	Addressee Manual
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery
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Article Addressed to:	D. is delivery address different from item 17 \(\square\) Yes If YES, enter delivery address below: \(\square\) No
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PRESSLEY HUDSON GUITAR	•
PO BOX 5383	
ABILENE TX 79608-5383	
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JANE ALEXANDER RHODES	
PO BOX 58	
ABILENE TX 79604-	3. Service Type
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so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C! Date of Deliver)
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JAMES MINOR ALEXANDER	
PO BOX 58 ABILENE TX 79604	
ABILENE IX /9604	3. Service Type ☐ Certified Mail ☐ Express Mall
;	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
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	if YES, enter delivery address below: No
LESLIE DAVID GUITAR	
P O BOX 2228	
BROWNWOOD TX 76804	3. Service Type
·	☐ Certified Mail ☐ Express Mail
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Article Number 7007 2LB0 0001 7157 8038

Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 5. Return Receipt 102595-02-M-1540 4. Scottype Agent Addressee
D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Service Type Contified Mail Express Mail Registered Return Receipt for Merchandise Restricted Delivery? (Extra Fee) Yes Peturn Receipt 102595-02-M-1540 Restricted Delivery? (Extra Fee) Yes Addressee Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 17 Yes Yes Peturn Receipt D. Is delivery address different from Item 17 Yes Peturn Receipt Peturn Receipt Received by (Printed Name) C. Date of Delivery Peturn Receipt D. Is delivery address different from Item 17 Yes Peturn Receipt Petu
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Certified Mall
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Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee)
Return Receipt 102595-02-M-1540 ### Agent Agent Addressee ### Received by (Printed Name) C. Date of Delivery ###################################
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Agent Addressee B. Received by (Printed Name) D. Is delivery address different from Item 1? Yes
Received by (Printed Name) D. Is delivery address different from Item 1? Yes
Addressee Received by (Printed Name) C. Bate of Delivery M. (HW) D. Is delivery address different from Item 1? Yes
Addressee Received by (Printed Name) C. Bate of Delivery M. (HW) D. Is delivery address different from Item 1? Yes
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☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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A Signature X Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
If YES, enter delivery address below:
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3. Service Type
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☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Certified Mail
B. Received by (Printed Name) C. Date of Deliv /-29 D. Is delivery address different/pipu Item 17 Yes

	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. □ Print your name and address on the reverse	X Agent Address
so that we can return the card to you.	B. Received by (Printed Name) C. Date of L
Attach this card to the back of the mailpiece, or on the front if space permits.	GONTAH CATTAGESIM
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
CONRAD CARRASCO	
7050 RAY LANE	1
APT B SW	
ALBUQUERQUE, NM 871210000	3. Service Type
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	☐ insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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(Hallstei Hott) service (at	102595-02-M-1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
☐ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below: No
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BANK BY MAIL	
P O BOX 5629 A/C 375920956	3. Service Type
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PS Form 3811, February 2004 Domestic Re	eturn Recelpt 102595-02-M-1540
	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature ☐ Agent
Print your name and address on the reverse so that we can return the card to you.	X Addressee
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or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
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TELEDYNE INDUSTRIES, INC.	1
TELEDYNE MINERALS DIVISION	
P. O. BOX 840738 DALLAS,, TX 752840738	3. Şervice Type
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	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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RED BLUFF CA 96080-0712	☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Recei ☐ Insured Mall ☐ C.O.D.	pt for Merchandise
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312 GREAT VIEW CIRCLE	3. Service Type	
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CAREN G. LUCAS	FEB 0 1 2010	(۵
P.O. BOX 1485 SANTA ROSA BEAC FL 32459-5202		
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2. Article Number (Transfer from service label) 7009 2250 0000 8791 7793

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ONTARIO CA 91761	3. Service Type
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İ	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
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JACK G WOODS JR PO BOX 341342		
AUSTIN TX 78734-0023	3. Service Type Certified Mail Express Mal Registered Return Rece Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	I ipt for Merchandise
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DRAPER BRANTLEY JR	If YES, enter delivery address below: No
706 WEST RIVERSIDE DR CARLSBAD, NM 882205222	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
. Article Number	4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label) 7007 1490	0001 5827 1808 /
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Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: UANELL FORT PMB 52 1206 50TH STREET LUBBOCK, TX 794133862	4. Restricted Delivery? (Extra Fee)
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PS Form 3811, February 2004 Domestic Ret SENDER COMPLETE FILS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: UANELL FORT PMB 52 1206 50TH STREET LUBBOCK, TX 794133862 2. Article Number (Transfer from service) PS Form 3811, February 2004 Domestic Ret SENDER SOUCHETE FILS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	4. Restricted Delivery? (Extra Fee)
Complete Items 1, 2, and 3. Also complete Items 1 is pace permits. 1. Article Number (Transfer from service) 2. Article Number (Transfer from service) 3. Form 3811, February 2004 3. Attach this card to the back of the mailpiece, or on the front if space permits. 3. Article Number (Transfer from service) 4. Article Number (Transfer from service) 5. Form 3811, February 2004 6. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. 6. Print your name and address on the reverse so that we can return the card to you. 8. Attach this card to the back of the mailpiece, or on the front if space permits. 8. I. Article Addressed to: KENNETH JAY REYNOLDS PO BOX 10847	4. Restricted Delivery? (Extra Fee)

© Complete items 1, 2, and 3. Also complete	A. Signature Marian Coldon
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	2-1-10
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
MARIAN JANE GORDON	
P.O. BOX 952	
CARLSBAD, NM 882210000	3. Service Type
	☐ Certified Mall ☐ Express Mail
-	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7009 22	50 0002 3775 6106
- 0044 -	eturn Receipt 102595-02-M-154
A NOTO BE STITE TO NOT BE LEVEL BE	COMPRETENTIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressed
Aftach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below.
McLish Resources Partnership	
633 17th Street, Ste. 1650 Denver, CO 80202-3660	
į	3. Service Type
į	☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mall ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	250 0000 8791 7823
(Transfer from service label)	250 0000 8791 7823
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(Transfer from service label) PS Form 3811, February 2004 Domestic Re SENDER: COMPLETE THIS SECTION 3 Complete Items 1, 2, and 3. Also complete	turn Receipt 102595-02-M-154 **COMPLETE THIS SECTION ON DELIVERY** **A. Signature
(Transfer from service label) PS Form 3811, February 2004 Domestic Re SENDER COMPLETE THIS SECTION TO Complete Items 1, 2, and 3, Also complete Item 4 If Restricted Delivery is desired. Print your name and address on the reverse	turn Receipt 102595-02-M-154 **COMPLETE THIS SECTION ON DELIVERY** A Signature Addressee Addressee
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Ciransfer from service label) PS Form 3811, February 2004 Domestic Re SENDER COMPLETE THIS SECTION Complete Items 1, 2, and 3, Also complete Item 4 If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to: MERLAND INC CLAIBORNE M POWER PRESIDENT PO BOX 548 CARLSBAD, NM 882210548 Article Number (Transfer from service label). 7007 225	turn Receipt 102595-02-M-154 COMPLETE TILES SECTION ON DELIVER A Signature A Received by (Printe Name) C. Daté of Delivery D. Is delivery address difference of the signature of the signatur
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Complete items 1, 2, and 3. Also complete Article Number CARLSBAD, NM 882210548 Article Number (Transfer from service label).	turn Receipt 102595-02-M-154 complates HIS SECTION ON DELIVERY A Signature Addressee B. Received by (Printer Name) C. Daté of Delivery If YES, enter delivery address below 3. Service Type Certified Mail Depress Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes COMPLETE HIS SECTION ON DELIVERY A. Signature
CARLSBAD, NM 882210548 CARLSBAD, NM 882210548 Article Number (Transfer from service label).	turn Receipt 102595-02-M-154 conclusion and provided the process of the process
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Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired. Article Number (Transfer from service label). Article Addressed to:	turn Receipt 102595-02-M-154 COMPLETE TILES SCHOOL DELIVER A Signature Addressed Printed Name B. Received by (Printed Name) C. Daté of Delivery and School Delivery Sch
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Complete items 1, 2, and 3, Also complete item 4 if Restricted Delivery is desired. Article Number (Transfer from service label). Article Addressed to:	turn Receipt 102595-02-M-154 COMPLETE THIS SECTION ON DELIVERY A Signature Addressed inference of the process

Article Number
(Transfer from service label) 7007 1490 0001 5829 1709

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes
1. Article Addressed to: MITTIE BETH HAYES 116 WEST PEACH LANE CARLSBAD, NM 882200000	If YES, enter delivery address below: □ No 3. Service Type □ □ Certified Mall □ Express Mall
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service lab) 7009 2250	0002 3775 7811
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540
Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature A. Signature A. Received by (Printed Name) D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
CYNTHIA FAY LEE 306 WHO WHO DR CARLSBAD, NM 882208847	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service lab) 7 0 9 2250 PS Form 3811, February 2004 Domestic SENDER: COMPLETE THIS SECTION	Return Receipt 102595-02-M-1540
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from Item 17
SUSIE BELLE BINDEL 1212 WEST URAL DRIVE CARLSBAD, NM 882200000	
	3. Service Type
2. Article Number 7007 22	4. Restricted Delivery? (Extra Fee)
(Transfer from Service (abel)	Return Receipt 102595-02-M-1540
	Total Production of the Control of t
SENDER: COMPLETE THIS SECTION.	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A Signature /
item 4 if Restricted Delivery is desired. B Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits.	B. Received by (Printed Name) D. Is delivery address different from item 17 Yes
Article Addressed to: IKKI H SMITH 104 HAINES AVE NE	if YES, enter delivery address below: 및 No
ALBUQUERQUE, NM 871120000	3. Service Type □ Certified Mall □ Registered □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes